PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I

Application or Docket Number

		CLAIMS A	S FILED - (Column			mn 2)		SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			11		7.48		Г	RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			// minus 20=		· ¢			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			4 minus 3 =		* 1		\vdash	X40=	((1)	1	X80=		
ΜU	LTIPLE DEPEN	IDENT CLAIM P	RESENT		 				40	OR			
* If	the difference	in column 1 is	less than ze	ro, ente	r "0" in c	in column 2		+135=		OR	+270=		
	<u></u>		MENDED - PART II					TOTAL	395	OR	TOTAL OTHER	THAN	
	:	(Column 1)	WILITOLO	(Colur	mn 2)	(Column 3)	5	SMALL E	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	arrive.	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	5 01 4 11 4	=		X40=		OR	X80=		
	FIRST PRESE	NTATION OF MI	JUIPLE DEF	ENDEN	CLAIM			+135=		OR	+270=		
y S	E.M.					<u>L</u>	TOTAL DIT. FEE			TOTAL ADDIT. FEE			
	(Column 1) (Column 2) (Column 3)										ADDII. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	;	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X40=		OR	X80=		
	FIRST PRESE	NTATION OF MU	JUIPLE DEP	ENDENT	CLAIM		+	-135=		OR	+270=		
	• 2						L	TOTAL			TOTAL		
	(Column 1) (Column 2) (Column 3)							DIT. FEE L		,	ADDIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	,	X\$ 9=		OR	X\$18=		
	Independent	* NTATION OF MI	Minus	***	CL AINA	=	;	X40=		OR	X80=		
	FINST PRESE		JEHFEE DEF	CINDEIN	CLAIM		+	·135=		OR	+270=		
* **	f the entry in colu If the "Hiahest Nui	mn 1 is less than th mber Previously Pa	ne entry in colu	mn 2, write S SPACF i	e "0" in col	umn 3. n 20. enter "20 "		TOTAL			TOTAL		
***	If the "Highest Nu	mber Previously Pa ber Previously Pai	aid For" IN THE	S SPACE i	s less tha	n 3, enter "3."		OIT. FEE L in the app	ropriate box	,	ADDIT. FEE I umn 1.		